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ABSTRACT

This report describes an exploratory study of Telelink, a social application of telephone conferencing which is providing group communication among housebound veterans and war widows in Melbourne, Australia. The study is based on interviews with present Telelink participants and with social workers who might use the service in the future. Included in the report are a description of Telelink, an estimate of the demand based on incidence of house confinement and costs, and conclusions. (CHC)

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REPORT 7241

MELBOURNE TELELINK: A CASE STUDY.

BY L.A. ALBERTSON AND K.S. BEARLIN. *

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for Director, Research

REPORT 7241 - MELBOURNE TELELINK: A CASE STUDY

BY L.A. ALBERTSON AND K.S. BEARLIN

"Telelink" is a social application of telephone conferencing and was initiated by the Brisbane City Council. The concept has recently been adopted by the Department of Veterans' Affairs, which is using the telephone to provide group communication among housebound veterans and war widows in Melbourne. The report describes an exploratory study of Telelink, based on interviews with the present Telelink participants and with social welfare workers who might use the service in the future. It is concluded that telephone conferencing is a potential growth area which merits more thorough study from both the human and the technological points of view.

MELBOURNE TELELINK: A CASE STUDY

1. INTRODUCTION

Telecom Australia provides a group communication facility which enables subscribers to use their normal telephones to engage in teleconferencing. This facility has been available for many years in Perth, Melbourne, Sydney and Brisbane. Up to nine subscribers can be linked simultaneously (up to 30 in Perth), and both local and trunk calls are possible. Until recently, however, it has been used only rarely for local calls, and the facility is not advertised in the majority of telephone directories.

The present investigation is concerned with an application of local telephone conference calls in a social welfare context. Known as Telelink, the service is sponsored by the Social Work Section of the Department of Veterans' Affairs. The participants are veterans and war widows who are clients of the Department. The investigation took the form of a case study based on interviews with the Telelink participants and with representatives of a number of social welfare organizations concerned with caring for aged and handicapped people. A list of organizations and people contacted in the course of the study, together with summaries of the interviews, is given in Appendix 1.

2. THE TELELINK CONCEPT

Telelink trials began in Brisbane in August 1975, under the sponsorship of the Brisbane City Council. Telephone link-ups were seen initially as a means of alleviating the social isolation of housebound and aged citizens. Since then, Telelink has been used for a range of purposes, including educational programs, the provision of social welfare services, self-help community groups and the administration of voluntary organizations. Some of the groups are funded by an allocation from the Lady Mayoress' Social and Welfare Committee, while others are funded privately or by community groups such as Apex. Telelink has continued to grow, and now accounts for roughly 20% of the traffic through the Brisbane conference facility.

3. THE VETERANS' AFFAIRS TELELINK

Following the successful trials in Brisbane, the Department of Veterans' Affairs introduced the Telelink concept into Melbourne in mid 1977. Again, the main reason for its introduction was to overcome the social isolation and loneliness of housebound people, in this case veterans and war widows.

At present there are two Telelink groups. The first, with five participants, has been meeting since July 1977, and the second, with six participants, from September 1977. There have been minor membership changes in each group. Although a waiting list now exists, these two groups will not be increased in size, as experience has shown that a maximum of six is the most practicable. A third group is to be formed soon by another Departmental social worker.

3.1 Group Structure and Dynamics

Each Telelink group has a weekly session which lasts from thirty

minutes to an hour. The sessions are chaired by a Social Worker, Mrs D. Tropp, and take the form of a carefully structured group discussion. Letters are sent to the participants each week, giving an outline of the next topic and guidelines for discussion. Topics chosen have included acupuncture, retirement and the role of the Special Services Branch. A recent innovation has been the participation of guest speakers, who can provide additional information or an expert opinion on the discussion topic. As the sessions have progressed, interactions between the participants have become freer, and friendships are being developed. However, the meetings still require close supervision by the Social Worker. Lately, in order to minimize her own role, Mrs Tropp has attempted to devolve the leadership onto one member from each group, but this has been only partially successful. The counsellor/client relationship between herself and the participants is still strongly evident, although all claim her as a "good friend".

At six-weekly intervals each group has assessed its progress and the participants' satisfaction with the meetings. Most participants were highly satisfied and eager to continue. Only one has dropped out due to lack of interest and an increase in other activities. Another was unable to continue because of poor hearing.

3.2 The Telelink Participants

The participants were selected from social work files as being those who were capable of taking part in a group discussion, and who would benefit from it most. Their ages range from 50 to 88. There are, of course, a variety of reasons for the social isolation of these people. Some common characteristics, however, can be identified. Most obviously, they do not work, and they live on their own. All are widowed or separated, and so lack a key primary relationship. Some, who either have no family or have lost contact with their family, have no primary relationships at all. Half of them have no friends their own age. All are limited in mobility, and are confined to home either completely or most of the time. Few go out for social reasons, and only one regularly attended an organized social activity. And although they considered the telephone to be extremely important to them, most had very few people they could contact for a chat or for advice.

3.3 Communication Needs of the Telelink Participants

The communication needs of the Telelink participants are thus of the most basic kind. For many, the absence of someone to talk to is experienced as an acute deprivation. One participant foregoes the duties of his cleaning lady "just to get the pleasure of talking to her". This particular man, an alert 88-year old, has quite a reputation for "bailing people up", so great is his need for human contact. In a typical week, the "meals-on-wheels" ladies are his major avenue of social communication. Another veteran considers Telelink the highlight of his week. "Telelink gave me an interest, it changed my life. If Telelink hadn't happened, I wouldn't be here now". This man belongs to both groups, and is eager to join a third. As with nearly all the participants, Telelink is his only group experience.

It was noted also that the participants all have access to newspapers, television and radio, and that they make extensive use of these forms of communication.

3.4 The Role of Telelink

For the veterans, Telelink clearly provides a much-needed means of social communication. From their point of view, a further benefit of the meetings lies in their regular contact with the Social Worker; and this contact is also useful to the group organizer. Mrs Tropp considers Telelink to be a highly efficient use of her time, as the alternatives are a series of telephone calls or home visits.

Recently, the Social Work Section has found new applications for local telephone conferencing. Problem-solving discussions concerning the care of veterans, with doctors, relatives and para-medical staff as participants, is one such application.

4.ESTIMATING THE DEMAND FOR TELELINK

The present study was an exploratory one, designed to increase our insights into the needs served by Telelink. It was not designed to assess the market for telephone conferencing. Nevertheless, it became clear in the course of the investigation that there are many potential applications of telephone conferencing in the field of social welfare. Many of the representatives of social welfare organizations who were interviewed expressed interest in Telelink, and it seems likely that many people in the community would have communication needs similar to those which were observed in the present Telelink participants. There is, unfortunately, very little direct evidence which would support or refute this conjecture. Some of the few available statistics are presented below in order to provide a general indication of the size and composition of the relevant population segment.

4.1 Incidence of House-confinement in Australia

A survey of Chronic Illnesses and Impairments which was conducted by the Bureau of Statistics estimated that 1.1 million Australians (8.9% of the population) had their mobility limited by at least one chronic condition. The figures reveal that the aged (60-plus) population constitute a high proportion of the mobility handicapped (see Table 1).

TABLE 1 - AGE DISTRIBUTION OF PEOPLE WITH LIMITED MOBILITY

Years	0-24	25-44	45-59	60+
% of Total	10	20	25	45

Source: Bureau of Statistics, May 1974

Of those in the sixty-and-over group, 95% live in the community rather than in institutions. According to one survey, two-thirds of those who live in the community suffer from some degree of reduced mobility (see Table 2)

While these figures clearly have limitations, it seems reasonable to infer that a large number of aged people in the community have limited opportunities for social interaction. A survey which is at present being conducted by the Brisbane City Council will provide more detailed information about the extent and social

effects of house-confinement in Brisbane. The survey also includes questions about the effectiveness of Telelink in reducing social isolation. This research, which is clearly of interest to Telecom Australia, is being monitored by the Customer Services Department as an extension of their program of field experiments.

TABLE 2 - MOBILITY OF NON-INSTITUTIONALIZED AGED PEOPLE

Immobile/completely house-confined	Often immobile/largely house-confined	Mobile,not confined
33%	33%	34%
Source: Redcliffe Health Survey - Queensland Department of Health, February, 1976		

4.2 Costs of Telelink

At present, the cost of local calls using the conference facility is $1.09 for the initiator of the call, plus 89 cents for each participant. The duration of the call is not taken into account.

These charges are derived as follows:

Per user	Operator surcharge	60 cents
" "	Local call charge	09 cents
" "	Particular person	20 cents
Initiator only	Fixed time charge	20 cents

The total cost for the conference is debited to the initiator of the call unless otherwise specified.

Concession rates are charged for Brisbane Telelinks because of their status as field experiments.

4.3 User Attitudes to Cost of Telelinks

(i) Organizations sponsoring Telelink

The Department of Veterans' Affairs covers the charges for both its Telelink groups, each costing approximately $280 per year. The Department does not consider the present tariffs unreasonable. A similar attitude was expressed by other social welfare organizations contacted during this study (eg the Multiple Sclerosis Society of Victoria).

(ii)Individuals

Each of the Telelink participants considered 89 cents per person a reasonable charge for the service provided. It should be taken into account, however, that these beneficiaries of the Department of Veterans' Affairs receive an income far in excess of those on an aged pension, which is at present $49.30 per week for a single person.

4.4 Future Funding of Telelink

The Australian Government Commission of Enquiry into Poverty (1977) revealed that 73% of aged males and females receive an income below the poverty line. This means that many house-confined people who might wish to use Telelink could not afford to do so. It seems that if Telelink is to develop, it will require some form of subsidy. At present, the most likely sources are the various social welfare organizations. But there is increasing recognition in Australia and elsewhere that the telephone can be a valuable means of delivering support services to people in their homes. In many cases, such services allow aged and handicapped people to retain their independence, rather than requiring institutionalization. If Telelink can be shown to help in maintaining people within the community, thus reducing the cost of institutional care, this would be a ground for expecting more general Government subsidies for Telelink in future.

5. SUMMARY AND CONCLUSIONS

The opportunity to study the Veterans' Affairs Telelink has increased our insight into the needs which Telelink can serve. These needs were considered at three levels: those of the individual Telelink participants, those of social welfare organizations, and those of the wider community.

It was found that the Telelink participants are people who are cut off from the social contacts which are usually provided by work, family and friends. For many, Telelink is the only means they have of participating in a group discussion. In such cases, we are not dealing with the derived, higher-order needs which are usually the concern of modern marketing, but with needs which are a fundamental part of human nature. Thus, at the individual level Telelink is a unique opportunity, not merely one option among many. For the organizations which sponsor Telelink, however, comparison with alternatives is more meaningful. At this level, Telelink is seen as a means of providing social welfare services more efficiently, as it allows social work professionals to communicate with groups of clients rather than contact them individually by telephone or in person. At the community level, Telelink is one of a number of support services available through the telephone which may make it possible for aged and handicapped people to remain in their own homes, thus reducing the need for institutional care.

The present study has indicated some of the communication needs which can be satisfied by Telelink, and has provided some preliminary evidence that there could be a demand for telephone conferencing in the field of social welfare. More extensive research is now required in order to establish the likely size of the demand, and consideration given to the technologies for coping with it. The existing conference bridge equipment is not capable of handling a substantial increase in traffic. Conferencing is not provided for in the new computerized exchanges, although it is possible. Other ways of providing conference calls, such as through PBX's, could also be explored. Telephone conferencing is an area which has been largely neglected, but which merits inclusion in Telecom Australia's planning programs.

6. ACKNOWLEDGEMENTS

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APPENDIX 1 - LIST OF ORGANIZATIONS VISITED AND PEOPLE CONTACTED

Organization	Contacts	Discussion Topics
AUSTIN HOSPITAL, Studley Road, Heidelberg.	Mrs Barbara Brown, Deputy Head, Social Work Dept. Phone: 45 0411	Applications of Telelink to various handicapped groups and to social work in the hospital situation. (Positive response to the idea of Telelink).
INDEPENDENT LIVING CENTRE, 69 Pelham Street, Carlton. Phone: 347 5580		Inspection of facilities and aids for the handicapped.
MULTIPLE SCLEROSIS SOCIETY OF VICTORIA, 616 Riversdale Road, Camberwell. Phone: 82 5727	Sister May Ashby, Projects Officer, Phone: 82 8024 Dr Peter Colville, Medical Director. Mr John Foley, Director.	Application of Telelink in a welfare context. Uses for the MSS, including diagnostic, professional and social groups for MS sufferers. All were extremely interested and enthusiastic. Sister Ashby is planning to establish a Telelink for clients of the MSS.
NATIONAL GUIDE DOG & MOBILITY TRAINING CENTRE FOR THE BLIND, PO Box 162, Kew. Phone: 86 2222	Mr Don Westaway, Assistant Director, Special Projects. Dr Terry Davidson, Royal Victorian Institute for the Blind. Phone: 51 1381 Mr John Gosling, Acting Head, Guide Dogs Dept. Mr Ed Muller, Principal, Orientation and Mobility Institutions Training School.	Discussed specific usage for blind people, tariffs, mobility of blind. Don Westaway pointed out the advantages of audio conferencing for blind people.
REPATRIATION GENERAL HOSPITAL, Banksia Street, Heidelberg. Phone: 49 0211	Mrs Elizabeth Johnston, Senior Social Worker Phone: Ext. 525 Miss Robyn Dower, Senior Speech Therapist. Phone: Ext 485	Applications of Telelink in general social work sphere, in hospitals, in professional team approach.

APPENDIX 1 (cont.)

Organization	Contact	Discussion Topics
REPATRIATION GENERAL HOSPITAL (cont.)	Miss Roslyn James, Speech Therapist. Phone: Ext. 231	Applications of Telelink for speech disorders and follow-up clinical work.
	Miss Rosemary Cumming, Senior Occupational Therapist. Phone: Ext. 535	Use of Telelink within hospital and outside. Telelink as a means of structuring time which is at present unstructured.
	Sister Moira Ewan, Royal District Nursing Liaison Sister. Phone: Ext. 660	Professional usage and general social welfare applications. Interested in using the facility herself.
	Mr Colin Pietzsch, Social Worker with dialysis and cardiac patients.	Feasibility of using Telelink with dialysis patients, particular case histories, home groups, leadership skills, use of Telelink for hospitalized patients.
ROYAL DISTRICT NURSING SERVICE, 452 St Kilda Road, Melbourne. Phone: 26 6791	Miss Valerie Douglas, Research Officer.	Usefulness of Telelink for District Nursing Service, team approach for ancillary services.